

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ernst et al.

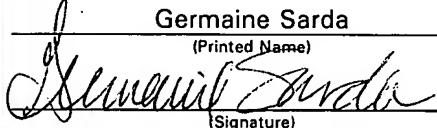
Title: COMPOUNDS FOR THE
TREATMENT OF HIV
INFECTION

Appl. No.: Unknown

Filing Date: Herewith

Examiner: Unknown

Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.	
EL990321629US	February 6, 2004
(Express Mail Label Number)	(Date of Deposit)
Germaine Sarda	
(Printed Name)	
	
(Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

☒ Specification, Claim(s), and Abstract (99 pages).

☒ Application Data Sheet (37 CFR 1.76) (6 pages).

☒ Return postcard.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	86	-	20	=	66	x	\$18.00	=	\$1,188.00
Claims:									
Independents	3	-	3	=	0	x	\$86.00	=	\$0.00

:			
If any Multiple Dependent Claim(s) present:	+	\$290.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration	+	\$130.00	= \$130.00
SUBTOTAL:			= \$2,088.00
[X] Small Entity Fees Apply (subtract ½ of above):			= \$1,044.00
TOTAL FILING FEE:			= \$1,044.00

- [] A check in the amount of \$1,044.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 6, 2004

By Barry S. Wilson

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